

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000019504

1. Entity Name
MTB, LLC



Principal Place of Business

43 W. FLAGLER ST.
MIAMI, FL 33130

Mailing Address

2750 NE 183 ST. #408
AVENTURA, FL 33160



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0209179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIRAGULA, SALVATORE
2750 NE 183RD ST
#408
MIAMI, FL 33160

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000049452
05/03/08-80029-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIRAGUSA, SALVATORE 2750 NE 183RD #408 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP APRILE, GINO 210 174TH ST #119 SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

✓ 4/27/08

Date

✓ 305 898-0722

Daytime Phone #